

CACFP Sponsored Center (Site) Review Form

Iowa Child and Adult Care Food Program

Recommended Form

Revised 2/2006

Revised to meet 2nd Interim Rule

Sponsored Center Site Review Form

Requirement: Sponsors must adequately train, supervise & review sponsored center (site) operations to insure that CACFP requirements are met. Written site reviews must be done and documented before CACFP participation & 3 times per fiscal year for sites with 12 claims. If the site has 5-11 claims do 2 reviews, if 1-4 claims do 1 review.

Review averaging option: Sites with 12 claims may receive 2, 3, or 4 reviews if the total number of reviews for all sites = 3 x the number of sites & the State is notified that review averaging will be used. Review averaging cannot be used for sites with block claims or serious deficiencies. No more than 6 months may elapse between visits, & no more than 9 months may elapse when 2 reviews are conducted, from one fiscal year to the next. If doing 2 reviews, both must be unannounced, one of which must be at mealtime. *Centers may receive announced or unannounced visits at any time from any CACFP governmental official. Proper ID must be available from any review official.*

Instructions: Complete this form for sponsored center site reviews. Another form may be used if each item listed here is included.

1. REVIEW INFORMATION Sponsor name: _____					Fiscal year reviews: Pre-approval <u> </u> 1st <u> </u> 2nd <u> </u> 3rd <u> </u> Site name: _____ Review averaging: Y <u> </u> N <u> </u>				
THIS REVIEW: Arrival time: <u> </u> Departure time: <u> </u> Date: <u> </u> Reviewer: <u> </u> Announced <u> </u> Unannounced-no meal observed <u> </u> Unannounced- meal observed <u> </u> Is this review due to a block claim? Y <u> </u> N <u> </u> If yes, document findings. Enrollments are updated yearly: Y <u> </u> N <u> </u> Number enrolled: <u> </u> License/approval expiration date: <u> </u> Capacity: <u> </u> Over capacity: Y <u> </u> N <u> </u> Total attendance at this review: <u> </u> ADA for claim: <u> </u> Is today's total attendance reasonable by comparison***? Y <u> </u> N <u> </u> Do parents generally sign children in/out***? Y <u> </u> N <u> </u> Is a household contact needed? Y <u> </u> (if block claim+ 2 other factors**) N <u> </u>					LAST REVIEW Date: <u> </u> Reviewer: <u> </u> Announced <u> </u> 1 st Unannounced <u> </u> 2 nd Unannounced <u> </u> Meal Observed: B <u> </u> AM <u> </u> L <u> </u> PM <u> </u> S <u> </u> ES <u> </u> None List any required changes from the last review. Serious Deficiency: Y <u> </u> N <u> </u> (if yes, current visit must be unannounced.)				
2. MEAL SERVICE					Record foods served and serving sizes Check Meal Type: B <u> </u> AM <u> </u> L <u> </u> PM <u> </u> S <u> </u> ES <u> </u> N/A <u> </u>				
	Yes	No	N/A	Comments					
Was the meal served within ½ hour of State approved time?									
Did staff sit with participants, enjoy and discuss foods?									
Was meal adequately supervised?									
Was the meal served family style? If yes:									
Were participants appropriately encouraged to try all foods?									
Were bowls and utensils sized for easy passing and serving?									
Was all food on table at beginning of meal?									
If staff served food, were the required amounts on the plate (cup) at the beginning of the meal?									
Was mealtime atmosphere pleasant, relaxed and calm?									
Did participants decide how much and which foods to eat?									
Was an accurate meal count taken during meal time**?									
3. INFANTS	Yes	No	N/A	Comments	Record foods served to infants and serving sizes Check Meal Type: B <u> </u> AM <u> </u> L <u> </u> PM <u> </u> S <u> </u> ES <u> </u> N/A <u> </u>				
Does the center offer to provide formula and is this documented with parent-signed infant enrollment forms on file?									
Are bottles & food from home labeled with date & child name?									
Are meals recorded during meal service?									
Are there daily dated menus for each child or age group?									
Is there written communication from parents about foods to serve?									
Do meals contain required components and serving sizes?									
Is food chosen and textured to avoid choking?									
Do claimed meals contain at least one center-provided component?				When ready for solids.					

4. SAFETY/SANTATION	Yes	No	N/A	Comments
Do participants and staff wash hands before and after meals and after using the restroom?				
Are can openers washed daily or when used?				
Are tables washed and sanitized before meals?				
Is the refrigerator(s) clean and at a temperature 32°-40°F?				
Is the freezer clean and at a temperature of 0° F or below?				
Are disposable gloves or clean utensils or hands used to directly handle food?				
Using a 3-compartment sink, is the proper manual dishwashing sequence followed?				
Is the dishwasher temperature maintained at or above 155°F?				
Are transported foods kept at safe temperatures (below 40°F for cold foods and above 140°F for hot foods)?				
Is an appropriate sanitizer used on food contact surfaces?				
Is sanitizer/bleach used mixed & used according to directions?				
Do food handlers wash hands before handling food and after touching anything unsanitary?				
Is food served at appropriate temperatures?				
Is food properly stored in refrigeration units and in dry storage areas?				
Are regular cleaning schedules maintained?				
Is a licensed pest control service used regularly?				
Are food storage areas free of pests, cleaning supplies and medicines?				
Are there any obvious fire, health or safety hazards observed in the center?				
5. CIVIL RIGHTS	Yes	No	N/A	Comments
Is an "And Justice for All" civil rights poster on display in a public area?				
All meals are served equally to all participants regardless of race, color, sex, age, disability & national origin?				

6. RECORD KEEPING	Yes	No	N/A	Comments
Do meal counts correspond to enrollments and attendance for the last five days**?				If no, is a factor for parent contact
Are meal count records up to date?				
Are daily dated menus on file for all meals served?				
Are menus posted in the kitchen and in each room where food is served?				
Are meal substitutions recorded on menus and food production records?				
Menus offer a healthy variety of colors, flavors, textures, shapes, temperatures, familiar & new foods?				
Do weekly menus include at least 3-4 servings of Vitamin C-rich and 2-3 serving of Vitamin A-rich foods?				
Do menus include fresh fruits and vegetables at least twice weekly?				
Are sweets limited to twice weekly?				
Do production records documents that minimum required amounts of food were prepared?				
Were food production records completed for the observed meal?				
Is attendance recorded separately from meal counts?				
Are medical statements on file for participants who are unable to follow the CACFP meal pattern?				
7. TRAINING	Yes	No	N/A	Comments
Key staff * have <u>at least</u> 1.5 hours of CACFP training prior to Program operations &/or within the last year & enough to do duties correctly?				Staff may need more than 1.5 hrs to perform CACFP duties
If not, list CACFP training topics needed and when this will be provided.	Topics			Dates
8. TEAM NUTRITION	Yes	No	N/A	Comments
Do participants have several daily opportunities to learn about food, healthy eating and physical activity?				
Do children have opportunities for open and adult led physical activity daily both indoors and outdoors? (About 60 min. total for children)				
Participants have weekly planned food or nutrition activities?				
Do families receive information on center nutrition and physical activity policies when enrolling?				
Do participants with special needs have their nutrition and physical activity needs provided for while they are in care?				

***Key people that must receive yearly CACFP training are private "for profit" center owners, staff with CACFP responsibilities including but not limited to administrative and foodservice staff, site monitors, all teachers/staff with mealtime responsibilities, and volunteers or board members with primary CACFP mealtime and/or decision-making responsibilities pertaining to the claim.**

9. FINDINGS (continue on separate page if needed)

Good management practices observed:		
Recommendations:		
Required changes from this review (check box if any serious deficiencies were found <input type="checkbox"/> and identify which findings were serious deficiencies):	Corrective Action Plan:	
	Date for completion _____	
Description of Sponsor follow up for required changes from previous review(s):		
Have required changes from previous review(s) been maintained? Y__ N__ (explain):		Date of any additional follow up _____
If review was due to block claim, describe findings:		
Reviewer Signature:	Date:	Center Staff Signature: